

**FILED**

**FEB 17 2004**

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA**

TERESA L. DEPPNER, CLERK  
U.S. District & Bankruptcy Courts  
Southern District of West Virginia

Antoinette M. DePofi

05536-068

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Enter above the full name of the plaintiff  
or plaintiffs in this action).

(Inmate Reg.# of each Plaintiff)

**VERSUS**

**CIVIL ACTION NO.** 1:04-cv-30  
(Number to be assigned by Court)

Alderson Federal Prison Camp  
Glennway Road P.O. Box A  
Alderson, WV 24910

§

Federal Bureau of  
Prisons  
320 First Street NW  
Washington, DC  
20534

(Enter above the full name of the defendant  
or defendants in this action).

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs: N/A

Defendants: N/A

2. Court (if federal court, name the district; if state court, name the county):

N/A

3. Docket Number: N/A

4. Name of judge to whom case was assigned:

N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: Alderson Federal Prison Camp

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No       

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes \_\_\_\_\_ No ☒

C. If your answer is YES:

1. What steps did you take? \_\_\_\_\_

2. What was the result? \_\_\_\_\_

D. If your answer is NO, explain why not: \_\_\_\_\_

See Attachment A

### III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Antoinette DeBf 05536-068

Address: Alterson Federal Prison Camp, Box A, AB,

B. Additional Plaintiffs and Address: Alderson, West Virginia 24910

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

- C. Defendant Alderson Federal Prison Camp  
is employed as Colonel Rd. Box A  
at Alderson, WV 24910
- D. Additional defendants: Federal Bureau of Prisons  
320 First Street NW  
Washington, DC 20534

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

Upon my arrival being entered into Admissions and  
Orientation, I was required to attend a class in the  
Education Building my second full day as being incarcerated  
in Alderson Federal Prison Camp. I left my housing unit  
(range 1) and proceeded down the hill, not knowing  
where to find the Education Building by myself.  
Somewhere near or just past the front door of Cottage

IV. Statement of Claim (continued):

17, I noticed two inmates jogging inside the yellow lines on the side of the road and yelled to them. They did not appear to hear me so I proceeded off the sidewalk toward them. They stopped and pointed out where the education Building was. I then turned and upon trying to step back toward the sidewalk stepped into the gutter system catching my foot so it was unable to move. Trying to catch myself from falling my <sup>wrist</sup> arm was broken in two places with a compound fracture.

V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Would request Payment of all future medical including but not limited to any rehabilitation costs.

Also would request the courts to consider monetary losses such as loss of income; both as incarcerated and <sup>with</sup> future employment, pain and suffering, and loss and/or restricted use of my hand. As well as possibly negligence.

**V. Relief (continued)**

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**VII. Counsel**

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

\_\_\_\_\_

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes \_\_\_\_\_

No ☒

*Not at this time*

If so, state the name(s) and address(es) of each lawyer contacted:

\_\_\_\_\_  
\_\_\_\_\_

If not, state your reasons: *Do not have telephone number*  
*listed on my phone list*

- C. Have you previously had a lawyer representing you in a civil action in this court?

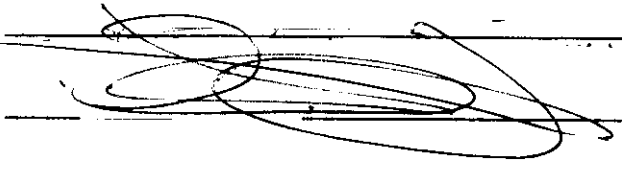
Yes \_\_\_\_\_

No ☒

If so, state the lawyer's name and address:

N/A

Signed this 12<sup>th</sup> day of FEBRUARY, 2004

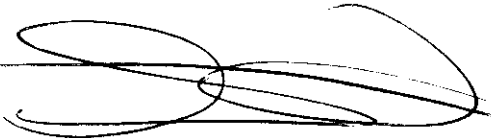


\_\_\_\_\_

Signature of Plaintiff or Plaintiffs GIGI DEPOFF  
AS POWER OF ATTORNEY ANTOINETTE  
M. DEPOFF

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/12/04  
(Date)



\_\_\_\_\_

Signature of Movant/Plaintiff GIGI DEPOFF  
AS POWER OF ATTORNEY ANTOINETTE  
M. DEPOFF

N/A  
Signature of Attorney  
(if any)

## Attachment A

II D. Upon self surrendering, was not familiar with grounds. Also, was not aware that poor lighting and dangerous gutter systems existed. Without having prior knowledge was not able to inform Alderson officials of the problem.